

County: Trempealeau
TREMPEALEAU COUNTY-IMD
W20298 STATE ROAD 121

Facility ID: P290

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WHITEHALL 54773 Phone: (715) 538-4312
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 76
Total Licensed Bed Capacity (12/31/03): 76
Number of Residents on 12/31/03: 75

Ownership:
Highest Level License: Skilled - IMD
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? No
Average Daily Census: 74

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|-----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 29.3 |
| Supp. Home Care-Personal Care | Yes | | | | | 1 - 4 Years | | 20.0 |
| Supp. Home Care-Household Services | Yes | Developmental Disabilities | 0.0 | Under 65 | 97.3 | More Than 4 Years | | 22.7 |
| Day Services | Yes | Mental Illness (Org./Psy) | 10.7 | 65 - 74 | 2.7 | | | ---- |
| Respite Care | Yes | Mental Illness (Other) | 89.3 | 75 - 84 | 0.0 | | | 72.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 0.0 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 0.0 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 0.0 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/03) | | |
| Other Meals | Yes | Cardiovascular | 0.0 | 65 & Over | 2.7 | ----- | | |
| Transportation | Yes | Cerebrovascular | 0.0 | | ----- | RNs | | 10.8 |
| Referral Service | No | Diabetes | 0.0 | Gender | % | LPNs | | 5.0 |
| Other Services | Yes | Respiratory | 0.0 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 52.0 | Aides, & Orderlies | | |
| Mentally Ill | Yes | | ---- | Female | 48.0 | | | |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | Yes | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total Resi- dents | % Of All |
|----------------------|-----|------------------------|---------------------|------------------------|-----|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-----|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 74 | 100.0 | 200 | 1 | 100.0 | 200 | 0 | 0.0 | 0 | 0 | 0.0 | 75 | 100.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 0 | 0.0 | | 74 | 100.0 | | 1 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | 75 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|-------------------------|--------------------------------------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 1.4 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 78.7 | 21.3 | 0.0 | 75 |
| Other Nursing Homes | 2.8 | Dressing | 92.0 | 8.0 | 0.0 | 75 |
| Acute Care Hospitals | 56.3 | Transferring | 98.7 | 1.3 | 0.0 | 75 |
| Psych. Hosp.-MR/DD Facilities | 26.8 | Toilet Use | 97.3 | 2.7 | 0.0 | 75 |
| Rehabilitation Hospitals | 1.4 | Eating | 93.3 | 6.7 | 0.0 | 75 |
| Other Locations | 11.3 | ***** | | | | |
| Total Number of Admissions | 71 | Continence | | % | Special Treatments | % |
| Percent Discharges To: | | Indwelling Or External Catheter | | 0.0 | Receiving Respiratory Care | 4.0 |
| Private Home/No Home Health | 2.8 | Occ/Freq. Incontinent of Bladder | | 4.0 | Receiving Tracheostomy Care | 1.3 |
| Private Home/With Home Health | 13.9 | Occ/Freq. Incontinent of Bowel | | 0.0 | Receiving Suctioning | 0.0 |
| Other Nursing Homes | 27.8 | | | | Receiving Ostomy Care | 0.0 |
| Acute Care Hospitals | 1.4 | Mobility | | | Receiving Tube Feeding | 1.3 |
| Psych. Hosp.-MR/DD Facilities | 4.2 | Physically Restrained | | 0.0 | Receiving Mechanically Altered Diets | 5.3 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 50.0 | Skin Care | | | Other Resident Characteristics | |
| Deaths | 0.0 | With Pressure Sores | | 0.0 | Have Advance Directives | 21.3 |
| Total Number of Discharges | | With Rashes | | 8.0 | Medications | |
| (Including Deaths) | 72 | | | | Receiving Psychoactive Drugs | 98.7 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|------------------------------|-------------|------------------------|-------|---------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Government Peer % | Group Ratio | Bed Size: 50-99 Peer % | Ratio | Licensure: Skilled Peer % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 97.4 | 87.6 | 1.11 | 83.7 | 1.16 | 84.0 | 1.16 | 87.4 | 1.11 |
| Current Residents from In-County | 9.3 | 77.0 | 0.12 | 72.8 | 0.13 | 76.2 | 0.12 | 76.7 | 0.12 |
| Admissions from In-County, Still Residing | 4.2 | 25.0 | 0.17 | 22.7 | 0.19 | 22.2 | 0.19 | 19.6 | 0.22 |
| Admissions/Average Daily Census | 95.9 | 107.5 | 0.89 | 113.6 | 0.84 | 122.3 | 0.78 | 141.3 | 0.68 |
| Discharges/Average Daily Census | 97.3 | 108.9 | 0.89 | 115.9 | 0.84 | 124.3 | 0.78 | 142.5 | 0.68 |
| Discharges To Private Residence/Average Daily Census | 16.2 | 48.3 | 0.34 | 48.0 | 0.34 | 53.4 | 0.30 | 61.6 | 0.26 |
| Residents Receiving Skilled Care | 100 | 93.7 | 1.07 | 94.7 | 1.06 | 94.8 | 1.05 | 88.1 | 1.14 |
| Residents Aged 65 and Older | 2.7 | 88.4 | 0.03 | 93.1 | 0.03 | 93.5 | 0.03 | 87.8 | 0.03 |
| Title 19 (Medicaid) Funded Residents | 0.0 | 66.9 | 0.00 | 67.2 | 0.00 | 69.5 | 0.00 | 65.9 | 0.00 |
| Private Pay Funded Residents | 1.3 | 18.9 | 0.07 | 21.5 | 0.06 | 19.4 | 0.07 | 21.0 | 0.06 |
| Developmentally Disabled Residents | 0.0 | 0.5 | 0.00 | 0.7 | 0.00 | 0.6 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 100 | 46.3 | 2.16 | 39.1 | 2.56 | 36.5 | 2.74 | 33.6 | 2.98 |
| General Medical Service Residents | 0.0 | 16.7 | 0.00 | 17.2 | 0.00 | 18.8 | 0.00 | 20.6 | 0.00 |
| Impaired ADL (Mean) | 4.3 | 47.8 | 0.09 | 46.1 | 0.09 | 46.9 | 0.09 | 49.4 | 0.09 |
| Psychological Problems | 98.7 | 63.4 | 1.56 | 58.7 | 1.68 | 58.4 | 1.69 | 57.4 | 1.72 |
| Nursing Care Required (Mean) | 2.5 | 7.3 | 0.34 | 6.7 | 0.37 | 7.2 | 0.35 | 7.3 | 0.34 |